SMP Volunteer Application

Date of Application:	D	ate of Availability:
Name:		
Address:	City	State:_ <u>NE</u> Zip:
Date of Birth:	Maiden Na	ame:
Social Security Number (for bac	kground che	eck):
Home Phone:		Work Phone:
Cell Phone:	_ Do you ha	ve your own transportation?
Educational Background:		
College		Number of years completed _Major _Date
Graduate School	u	Bate Major
Degree Receive	d	Date
Occupational Background:		
Present Occupation:		Number of years:
Former Occupations:		
Informational Questions:		
Have you ever been convicted of the second s	of a crime? (()YES ()NO
Have you ever been a volunteer	r before? If s	so, what type of volunteer work did you do?
Please list any previous respons helpful to the SMP Project?	sibilities, trair	ning, and/or work experiences that might be

REFERENCES: Please list two (non-family) references that we may contact:		
) Name:Relationship to you:		
Address:		
Phone Number:		
2) Name:	Relationship to you:	
Address:		
Phone Number:		
This program does not discriminate i	in any decision based on race, color, sex,	
citizenship, national origin, ancestry,	veteran status, or on the basis of age or physical	
or mental disability unrelated to abilit	ty to perform the volunteer work required. No	
question on this application is intend	led to secure information to be used for such	
discrimination.		
I understand that acceptance of volu	Inteer status may be contingent on program	
evaluation and background check.	, , , ,	
Lundovatand that my valuate or work	atatus is at will and that aither next, is from to	
•	status is at will, and that either party is free to at any time. I also understand that my volunteer	
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application form.	sstatement or omission of fact appearing on this	
аррисацон топп.		
Applicant Signature	Date	
Volunteer Coordinator's Signature	Date	